

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

Application Number:83-607

Trade Name:Hydrochlorothiazide Tablets USP 50mg

Generic Name: Hydrochlorothiazide Tablets USP 50mg

Sponsor: Richlyn Labs. Inc.

Approval Date: 8/19/77

INDICATION(s): Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis and corticosteroid and estrogen therapy.

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APPLICATION: 83-607

CONTENTS

	Included	Pending Completion	Not Prepared	Not Required
Approval Letter	X			
Tentative Approval Letter				X
Approvable Letter				X
Printed Labeling	X			
Medical Review(s)	X			
Chemistry Review(s)	X			
EA/FONSI	X			
Pharmacology Review(s)				X
Statistical Review(s)				
Microbiology Review(s)				X
Clinical Pharmacology Biopharmaceutics Review(s)				X
Bioequivalence Review(s)	X			
Administrative/ Correspondence Document(s)	X			

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Application Number:

APPROVAL LETTER

AUG 19 1977

NDA 83-607/S-012

Richlyn Laboratories, Inc.
Attention: Mr. Louis P. Cacchini
Castor & Kensington Avenues
Philadelphia, PA 19124

Gentlemen:

Reference is made to your supplement dated June 30, 1977 regarding your abbreviated new drug application submitted pursuant to Section 505(b) of the Federal Food, Drug, and Cosmetic Act for Hydrochlorothiazide Tablets, 50 mg.

The supplemental application provides for you to label 1000 tablet containers with a label showing the distributor to be:

and the trade name to be:

We have completed the review of this supplemental application and it is approved. Our letter of June 6, 1977 detailed the conditions relating to the approval of this application.

Promotion of a product marketed under an abbreviated new drug application must not convey the impression that the product is a new entity.

We are enclosing with the copy of this letter to the distributor the conditions relating to the approval of this application. /

Marvin Sette, M.D.
Director
Division of Generic Drug Monographs
Office of Drug Monographs
Bureau of Drugs

NOTICE OF APPROVAL NEW DRUG APPLICATION OR SUPPLEMENT		NDA NUMBER <div style="text-align: right; font-size: 1.2em;">83-607</div>	
TO: <div style="text-align: center;">Press Relations Staff (HF1-40)</div>		FROM: <input checked="" type="checkbox"/> Bureau of Drugs <input type="checkbox"/> Bureau of Veterinary Medicine	
ATTENTION Forward original of this form for publication only after approval letter has been issued and the date of approval has been entered above.			
TYPE OF APPLICATION <input type="checkbox"/> ORIGINAL NDA <input type="checkbox"/> SUPPLEMENT TO NDA		CATEGORY <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY	
TRADE NAME (or other designated name) AND ESTABLISHED OR NONPROPRIETARY NAME (if any) OF DRUG. <div style="text-align: center; font-size: 1.2em;">hydrochlorothiazide</div>			
DOSAGE FORM		HOW DISPENSED <input type="checkbox"/> RX <input type="checkbox"/> OTC	
ACTIVE INGREDIENT(S) (as declared on label. List by established or nonproprietary name(s) and include amount(s), if amount is declared on label.) <div style="text-align: center; font-size: 1.2em;">hydrochlorothiazide, 50 mg.</div>			
NAME OF APPLICANT (Include City and State) <div style="text-align: center; font-size: 1.2em;">Richlyn Laboratories, Inc. Pitts, PA 15124</div>			
PRINCIPAL INDICATION OR PHARMACOLOGICAL CATEGORY <div style="text-align: center; font-size: 1.2em;">diuretic/antihypertensive</div>			
COMPLETE FOR VETERINARY ONLY			
ANIMAL SPECIES FOR WHICH APPROVED			
COMPLETE FOR SUPPLEMENT ONLY			
CHANGE APPROVED TO PROVIDE FOR <div style="text-align: center; font-size: 1.2em;">distributors</div>			
NAME <div style="text-align: center; font-size: 1.2em;">Giller</div>		FORM PREPARED BY DATE	
NAME <div style="text-align: center; font-size: 1.2em;">Giller</div>		FORM APPROVED BY DATE	

JUN 6 1977

NDA 83-607

Richlyn Laboratories, Inc.
Attention: Mr. E.W. Rebollo
Castor & Kensington Avenues
Philadelphia, PA 19124

Gentlemen:

Reference is made to your abbreviated new drug application submitted pursuant to Section 505(b) of the Federal Food, Drug, and Cosmetic Act for Hydrochlorothiazide Tablets, 80 mg.

We acknowledge receipt of your communication dated May 10, 1977, amending the application.

We have completed the review of this abbreviated new drug application and have concluded that the drug is safe and effective for use as recommended in the submitted labeling. Accordingly, the application is approved.

Any significant change in the conditions outlined in this abbreviated new drug application requires an approved supplemental application before the change may be made, except for changes made in conformance with other provisions of Section 314.8 of the new drug regulations.

This Administration should be advised of any change in the marketing status of this drug.

We note that you had provided for distributors. That material is NOT covered by this approval. If you elect to so distribute, that material should be re-submitted as supplements to this application.

Promotion of a product marketed under an abbreviated new drug application must not convey the impression that the product is a new entity.

The enclosures summarize the conditions relating to the approval of this application.

cc: PHI-DO *6/3/77*
Dup
HFD-614 HFD-616 *6/3/77*
RBarzilai/JMeyer/GMillar *6-1-77*
R/D init. JMeyer/MSeife *6-2-77*
Final typing/wlb/6-2-77 *only 6/3/77*
Approval

Sincerely yours,

Marvin Seife
Marvin Seife, M.D.

Director
Division of Generic Drug Monographs
Office of Drug Monographs
Bureau of Drugs

Enclosures:

Conditions of Approval of a New Drug Application
Records and Reports Requirement

NOTICE OF APPROVAL NEW DRUG APPLICATION OR SUPPLEMENT		NDA NUMBER 83-607
		DATE APPROVAL LETTER ISSUED JUN 6 1977
TO: Press Relations Staff (HFI-40)	FROM: <input checked="" type="checkbox"/> Bureau of Drugs <input type="checkbox"/> Bureau of Veterinary Medicine	
ATTENTION Forward original of this form as published in approval letter has been issued and the date of approval has been entered above.		
TYPE OF APPLICATION <input type="checkbox"/> ORIGINAL NDA <input type="checkbox"/> SUPPLEMENT TO NDA <input type="checkbox"/> ABBREVIATED ORIGINAL NDA <input type="checkbox"/> SUPPLEMENT TO ANDA		CATEGORY <input type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY
TRADE NAME (or other designated name) AND ESTABLISHED OR NONPROPRIETARY NAME (if any) OF DRUG		
DOSAGE FORM	HOW DISPENSED <input type="checkbox"/> RX <input type="checkbox"/> OTC	
ACTIVE INGREDIENT(S) (as declared on label. List by established or nonproprietary name(s) and include amount(s), if amount is declared on label.) <div>m hydrochlorothiazide, 50 mg.</div>		
NAME OF APPLICANT (Include City and State) Pichlyn Laboratories, Inc. Phila., PA 19124		
PRINCIPAL INDICATION OR PHARMACOLOGICAL CATEGORY diuretic/antihypertensive		
COMPLETE FOR VETERINARY ONLY		
ANIMAL SPECIES FOR WHICH APPROVED		
COMPLETE FOR SUPPLEMENT ONLY		
CHANGE APPROVED TO PROVIDE FOR		
FORM PREPARED BY		
NAME collar	DATE	
FORM APPROVED BY		
NAME mayer	DATE	